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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10568670 | <b>Applicant(s)/Patent Under Reexamination</b><br>SCHWARZLER ET AL. |
|   | <b>Examiner</b><br>CLIFFORD J LOUDEN       | <b>Art Unit</b><br>3679   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 464                |                                   | 145      |  |  |  | F                            | 1 | 6 | D | 3 / 223 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 464                | 906                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |                              |  |                               |  |                                 |  |
| 1  | 1        | 3     | 17       | -     | 33       |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 2        | 7     | 18       | 21    | 34       |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 3        | 13    | 19       | 22    | 35       |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 4        | 4     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 5        | 8     | 21       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 6        | 11    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 7        | 14    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 8        | 5     | 24       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 9        | 9     | 25       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 10       | 12    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 11       | 15    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 12       | 16    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| -  | 13       | 17    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 2  | 14       | 18    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 6  | 15       | 19    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 10   | 16       | 20    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |

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| /CLIFFORD J LOUDEN/<br>Examiner.Art Unit 3679<br><br>(Assistant Examiner) |  | <b>Total Claims Allowed:</b><br><br>22 |                              |
| /Greg Binda/<br>Primary Examiner.Art Unit 3679<br><br>(Primary Examiner)  |  | 07/02/2009<br><br>(Date)               | O.G. Print Claim(s)<br><br>1 |
|   |  | O.G. Print Figure<br><br>1             |                              |